MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 500 _Primary Registration District No. 3 Registration District No. DO NOT WRITE AMENDED ON THIS STUB I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY VS 300 AMENDED admission) St. Louis Mo-Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN Yes A No I St. Louis Gardenville 1 Month c. FULL NAME OF (If NOT in hospital, give location) Inside Limita d. STREET (If cutside, give location) Reside on Farm DATE HOSPITAL OR **ADDRESS** INSTITUTION Henninger Nursing Home Yes 😿 No 🗆 Yes | No @ 5207 Murdoch Ave. 3. NAME OF DECEASED First Middle Last DATE Month Day Year (Type or print) 1963 LOUISE V. GROSS DEATH 11 Nov. 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH Widowed I Months Divorced Female White 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housework At Home St. Louis. Mo. U.S.A. 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE George Renneberg Johanna Gehrke Late Edward Gross COCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ΥS (Yes, no, or unknown) | (If yes, give war or dates of ser Mrs. Margaret Abbott 5207 Murdoch Ave. None ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMEN ONSET AND DEATH 10 IMMEDIATE CAUSE (a) ö 11 INSTEAD DUE TO (b) Conditions, if any, which gave rise to S above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased WAS CERTIFICATION there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Unknown ☐ Yes 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE YES | NO K WEDICAL 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. p.m USE BLACK INK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bidg., etc.) WHILE AT WORK ☐ NOT WHILE AT WORK ☐ YPEWRITER READ 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22c. DATE SIGNED 22b. ADDRESS ᆼ 22a. SIGNATURE AFFIDAVIT (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a, BURIAL, CREMATION, Removal (Specify)
Removal (Mtr) ö Pacific, Mo. St. Bridget Cemetery 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.